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A CORRELATION STUDY BETWEEN ADULT WOMEN SUBSTANCE
ABUSERS AND A HISTORY OF CHILDHOOD INCEST

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Paula Rutten Freeland
June 1995

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Abstract

The purpose of this study was to determine if there is a correlation between adult women substance abusers at a rehabilitation facility and a history of childhood incest. Additionally, some of the characteristics of women substance abusers who were victims of incest were compared to those of women substance abusers who were not victimized. The data was collected from a Northeastern Los Angeles County substance abuse recovery facility. Statistical methods were used to demonstrate the presence of the correlation between a history of incest and age of onset of drug use as well as between a history of incest and the number of failed treatment attempts. Recognizing the correlation between a childhood incestuous experience and the development of a substance addiction may have implications in those social work arenas that deal with substance abuse prevention and treatment.

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INTRODUCTION

This study examines the correlation between adult women substance abusers who present for drug abuse rehabilitation treatment and a history of childhood incest. Both incest and drug abuse are social issues that have received significant attention from both researchers and contemporary media reports, but most often as separate entities.

A San Francisco survey of more than 900 women estimated that approximately 16% of adult women in the general population have been abused by a close male relative and 31% of adult women have been abused by someone outside of the family (Russell, 1986). Rose, et al (1991) cite that currently the risk of a female child being sexually molested is 1 out of 3. Edwall and Hoffman (1987) found that the rate of incidence of sexual abuse to be similar in adolescent chemically dependent women.

Social workers and other professionals engaged in providing services to incest-survivors and/or drug dependent women report anecdotal findings of the proportion of clients who report a history of childhood incestuous experiences to be higher than that found in the general, nonaddicted population.

The effective treatment and prevention of chemical dependency has become the focus of many constituencies including medical hospitals, insurance companies, business

organizations, religious groups and mental health professionals. A positive correlation between substance addiction and a history of incest may strengthen the recognition of incest as a risk factor for addictive behaviors in later life, and with this information, more effective drug prevention programs could be designed so as to target this particular population. Treating the addiction without treating the underlying "core" cause is often ineffective and the addict will remain vulnerable to relapse (Blume, 1990). Simpson, Westerberg, Little, and Trujillo (1994) report that women substance abusers with incest histories who participated in a special therapy group remained in treatment far longer and had better treatment completion rates than those who did not participate in the group. Workers in the field of substance abuse treatment report that the factors contributing to an individual developing a substance addiction are multifactorial. Finkelhor and Browne (1985) and Blume (1990) propose that the treatment of an individual's addiction without attention to the factors that contribute to the development of the addiction leave the abuser vulnerable to relapse. Hurley (1991), Covington (1982), and Blume, (1990) have all targeted a history of childhood incest as a possible experience that makes individuals vulnerable to developing a substance abuse.

Addictions are complicated and destructive. There are undoubtedly a pivotal number of factors that contribute to a women developing a substance addiction (Finkelhor and Browne, 1985). This research focuses on one of those factors by demonstrating a correlation between adult women who have developed a substance addiction and a past history of childhood incest.

LITERATURE REVIEW

An extensive review of the literature dealing with the impact of childhood sexual abuse (Browne and Finkelhor, 1986) identifies the long term, problematic sequelae associated with a history of childhood sexual abuse as including self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, a tendency toward revictimization, substance abuse, and sexual maladjustment. Blume (1990) identifies substance abuse, relentless rage, and self-destructive behaviors as problems resulting from childhood incest. The incest victim's need for self-punishment often leads her to self-abusive behaviors like alcoholism, drug abuse, or prostitution (Forward and Buck, 1988). Stanton Peele (1985) explains an addiction as a way of modifying a person's feelings and sensations as well as an experience that is vital to the addict in order to tolerate the

environment around him. Therefore, it may be that the use of addictive substances is a way for women to deal with the posttraumatic stress symptoms associated with childhood sexual victimization.

Research studies have appeared in the literature in recent years that examine the link between adult women substance abusers and a past history of childhood victimization. In 1988 Rohsenow, Corbett and Devine examined the incidence of rates of molestation experiences among substance abusers. It was in that study that it was noted that clients in drug rehabilitation facilities were not routinely asked about a history of being molested as children, and when they were asked, the number of clients responding that they had been sexually molested quadrupled over the number reporting incest during intake interviews.

Hurley (1991) explored the similarities between women alcoholics and incest-surviving women as well as pointing out the relatively sparse information on alcoholic incest-survivors. Additionally, Hurley (1991) reported that a significant percentage of alcoholic women have histories of childhood incest. She reported that the statistical incidence of childhood incest among alcoholic women appears to be significantly higher than rates found in the general population with various studies reporting from 30% to 40% of alcoholic women having a history of childhood incest. Covington (1982) found "that not only did

alcoholic women experience more sexual abuse than their nonalcoholic counterparts, but the nature of the abuse experienced by alcoholic women was more violent, more frequent, involved more perpetrators, and continued for a longer duration."

As recently as a decade ago researchers and Beckman (1984) labeled the study of the inter-relationship between incest and substance addiction as "innovative." Blume (1990) noted in her work in the mid-1970s, that therapists did not even consider the possibility of childhood sexual abuse as an issue in the treatment of women addicts.

The literature appears to be sparse in studies which explore the correlation of childhood incest and the development of a substance addiction other than alcohol. However, Mulinski (1989) found that a majority of women addicts came from abusive environments. "These women often were unable to demonstrate good judgement, had poor impulse control, and placed themselves in high risk situation (Anderson, 1993). Additionally, Morris and Schinke (1990) report that substance addicted women have experienced a greater incidence of rape, incest, neglect, and abuse versus non-addicted women as children.

Workers in the field of substance addiction treatment have found that the factors contributing to an individual developing a substance addiction are multifactorial. Finkelhor and Browne (1985), Blume (1990), Rohsenow,

Corbett and Devine (1988), Anderson (1993), and Janikowski and Glover, 1994) propose that the treatment of an individual's addiction without attention to the factors that contribute to the development of the addiction leave the abuser vulnerable to relapse. Hurley (1991), Covington (1982), Anderson (1993), Blume (1990), Janikowski and Glover (1994), and Rohsenhow, Corbett, and Devine (1988) have all targeted a history of childhood sexual abuse as a possible experience that makes individuals more vulnerable to developing a substance addiction than those individuals who were not sexually abused as children.

Therefore, the data collected in this study is being analyzed in an effort to answer the questions:

- 1) Do substance abusing adult women report a higher rate of incestuous experiences than the general public?
- 2) Do substance abusing adult women with a history of incest report beginning their substance usage earlier than nonvictimized women?
- 3) Do substance abusing adult women with a history of incest have more failed substance abuse treatment attempts than their nonvictimized counterparts?

METHODS

Purpose And Design of Study

The purpose of this study was to establish and describe the relationship between adult women substance abusers and a history of childhood incest. Additionally, some characteristics of women substance abusers who had a history of incest such as age of onset and number of previous substance abuse treatment attempts were examined. The establishment of these correlations may have implications for those individuals and agencies working within the substance abuse recovery area.

An archival study of the chart records of discharged clients from the residential treatment component of an Northeastern Los Angeles County, private, nonprofit, drug treatment recovery center was done in order to obtain the data for this study. A total of 120 charts were reviewed. Charts were chosen by a systematic method, taking every third chart for review (Ruben and Babbie, 1993).

Sampling

The population of interest for this research study was adult women over the age of 18 who were admitted substance abusers and, who had presented for substance abuse treatment to this clinic, either voluntarily or by order of the courts. The sample population was drawn from a private agency in the Northeastern area of Los Angeles

County. The client population of this agency is exclusively adult women over the age of 18.

Data Collection And Instruments

An archival study was done to collect the data for this study. For each chart reviewed a record was made noting on the Data/Information Collection sheet (Appendix A) whether or not there was a history of childhood incest. Additionally, in order to allow a more definitive description of the correlation between substance abuse and a history of childhood incest, the age of onset of the substance use was noted as well as the number of previous substance abuse treatment attempts, and whether or not the subject's parents had a history of alcohol or drug abuse. The history of other types of abuse was also recorded including emotional abuse, verbal abuse, physical abuse and sexual abuse by a nonfamily member.

Each record was arbitrarily assigned a sequential number, 1 through 120. This facilitated bookkeeping procedures while the chart review was under way. No record was kept connecting the chart reviewed and the assigned bookkeeping number to protect client confidentiality.

Chart review of past clients was chosen over interviewing current clients in order to obtain the data for this study for two reasons. Pragmatically, there are not 120 clients in treatment at any one given time

available for interviews, thus, limiting the number of clients available for study. Secondly, a chart covering the entire course of treatment (up to 18 months) eliminates the difficulties faced with data collection because of the reluctance of an individual to disclose an incestuous experience during any one single interview. The client had multiple opportunities to disclose childhood incest to a variety of treatment professionals during the course of treatment, thus, increasing the accuracy of the data being gathered.

There were advantages to this data collection method. The confidentiality of clients was easily protected. Neither names, file numbers, or other identifying information was included in the data collected.

Reviewing charts in their entirety allowed for more complete and accurate data collection over the single interview technique. The reluctance of individuals to disclose this type of sensitive information was overcome in that the chart represents up to 18 months of treatment with the opportunity to disclose the history of childhood incest to a number of different treatment professionals in a variety of treatment settings. If a client reported a negative history of abuse on the initial intake interview the entire chart was reviewed for reports of abuse. This was done because of the findings of previous studies done by Briere and Runtz (1988) which indicated that only 39%

of outpatients who indicated sexual abuse histories upon direct questioning did so spontaneously during their intake sessions. Therefore, a more complete picture of the numbers of clients with abuse histories was obtained by complete chart examination.

RESULTS

A total of 120 cases were reviewed, and each record contained complete data. All of the respondents were female substance abusers.

A report of a history of experiencing various types of childhood abuse was collected from each client's record. Table 1 illustrates the percentages of the subjects who reported a history of each type of abuse within the sample population.

TABLE 1

Incidence of Abusive Experiences Within Sample Population

No Abuse	Verbal Abuse	Emotional Abuse	Physical Abuse	Sexual Abuse	Incest	Any Abuse
31.7%	46.7%	53.3%	45.8%	27.5%	40%	63.3%

The number of previous substance abuse treatment attempts was recorded for each subject. There was a range of zero previous attempts to a maximum of 13 previous treatment attempts. The mean number of treatment attempts

for the entire sample population was 15.54. Because of the large variance in the responses to number of previous treatment attempts (0-13) the data was recoded into four categories: no previous treatment attempts; 1-2 previous treatment attempts; 3-4 previous treatment attempts; and, over 5 previous treatment attempts. The mean number of previous treatment attempts for the various abuse subgroups along with the variance for each is illustrated in Table 2.

TABLE 2

Number Of Previous Substance Abuse Treatment Attempts

Types of Abuse	Mean Number Treatment Attempts	Variance	
		Min.	Max.
Any/All Abuse	1.6	0	13
Emotional Abuse	1.6	0	13
Verbal Abuse	1.6	0	13
Physical Abuse	1.7	0	13
Nonfamilial Sexual Abuse	1.42	0	13
Familial Sexual Abuse	1.7	0	13
No Abuse	1.02	0	5

The age of onset of substance use was recorded for each subject. The mean age of onset for the entire sample population was 15.62 with a variance of 8 years as the youngest reported age of onset of drug use and 42 years as the oldest. Because of the large variance in the

responses to this variable, the data was recoded into categories: under 11 years of age; early adolescence, 12-15 years of age; late adolescence, 16-18 years of age; young adulthood, 19-23 years of age; and, over 24 years of age. Table 3 illustrates the age of onset of substance abuse for the various abuse subgroups.

TABLE 3

Age Of Onset For Type Of Abuse

	UNDER 11 YEARS	12-15 YEARS	16-18 YEARS	19-23 YEARS	OVER 24 YEARS
NO ABUSE	0	27%	33%	56%	56%
EMOTIONAL ABUSE	77%	56%	50%	33%	22%
VERBAL ABUSE	85%	53%	33%	22%	22%
PHYSICAL ABUSE	77%	53%	30%	22%	22%
NONFAMILIAL ABUSE <i>SEXUAL</i>	30%	34%	16%	11%	33%
FAMILIAL SEXUAL ABUSE	77%	53%	20%	11%	11%
ANY/ALL TYPES OF ABUSE	92%	73%	66%	44%	44%
NUMBER OF SUBJECTS	13	59	30	9	9

Additionally, the mean age of onset of substance abuse as well as the mean number of previous treatment attempts was noted for the group of subjects reporting a history of incest was compared as compared to those who had not experienced childhood incest.

TABLE 4

Comparison of Mean Age of Onset of Drug Use and
Mean Number of Treatment Attempts between
Incest Survivors and Non-Victims

	INCEST (40.8%)	NO INCEST (59.2%)	(100%)
MEAN AGE OF ONSET DRUG USE	13.38 years	17.02 years	
MEAN NUMBER OF TREATMENT ATTEMPTS	1.7 attempts	1.02 attempts	

Correlation statistics were computed for age of onset of drug use and each type of abuse. As illustrated in Table 5 there was a positive correlation between the two variables except for the category of nonfamilial sexual abuse.

TABLE 5

Correlations Between Age of Onset of Drug Use and
Type of Abuse

TYPE OF ABUSE	PEARSON COEFFICIENT	SIGNIFICANCE VALUE
EMOTIONAL ABUSE	$r = .2189$	$p = .008$
VERBAL ABUSE	$r = .3149$	$p = .000$
PHYSICAL ABUSE	$r = .2746$	$p = .001$
NONFAMILIAL SEXUAL ABUSE	$r = .0863$	$p = .174$
FAMILIAL SEXUAL ABUSE	$r = .3761$	$p = .000$
ANY TYPE OF ABUSE	$r = .2374$	$p = .005$

Correlations were also computed between the number of previous substance abuse treatment attempts the various types of abuse. The only positive correlation was found

in regards to verbal abuse. Table 6 illustrates the correlation values for each variable.

TABLE 6

Correlation between Number of Previous Treatment Attempts and Type of Abuse

TYPE OF ABUSE	PEARSON COEFFICIENT	SIGNIFICANCE VALUE
EMOTIONAL ABUSE	r= -.1108	p= .114
VERBAL ABUSE	r= -.1621	p= .038
PHYSICAL ABUSE	r= -.1346	p= .071
NONFAMILIAL SEXUAL ABUSE	r= -.1068	p= .123
FAMILIAL SEXUAL ABUSE	r= -.1188	p= .098
ANY TYPE OF ABUSE	r= -.0151	p= .435

DISCUSSION

Research question number one states: do substance abusing adult women report a higher rate of incestuous experiences than the general public? The data from this sample population indicates that, in fact, adult women substance abusers did demonstrate a significantly higher proportion of incest survivors than the general public. Russell (1986) reports findings indicating that approximately 16% of the female population in the United States have been molested by a close family relative. The population of this study demonstrated that 41.7% had a history of incest, indicating that for this particular population there is a 25.7% higher incidence of ^{incest} incidence

ulation.

arch question stated: do substance
with a history of incest report
tance usage earlier than nonvictimized
urviving subjects of this sample
began using substances at an mean age
nonvictimized respondents reported
at a mean age of 17.02, 3.64 years
survivors. Additionally, a positive
strated between a history of
the age a women begins using

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substances (Pearson coefficient =.2374; $p=.000$). This may indicate that a history of incest may, as suggested by others (Hurley 1991, Covington 1982, Anderson 1993, Blume 1990, and Janikowski and Glover 1994 Rohsenhow, Corbett, and Devine 1988) be a contributing factor in creating a vulnerability towards developing a substance addiction.

The final research question of this study posed the question: do substance abusing adult women with a history of incest have more failed substance abuse treatment attempts than their nonvictimized counterparts? The mean number of previous substance abuse treatment attempts for the nonabused respondents was 1.01. The mean number of previous treatment attempts for those subjects with a history of incest was 1.7, a difference of .69. While statistical correlations did not indicate a significant

correlation between a history of incest and the number of treatment attempts, it did indicate a possible trend in that direction with a Pearson correlation coefficient of $-.1188$ and a significant value of $p=.098$.

The results obtained from this sample population indicated a significant correlation between abuse and age of onset in general as well as for specific types of abuse (verbal, physical, emotional and familial sexual abuse [incest]). The only subcategory of abuse for which there was not a significant correlation with age of onset of substance use was nonfamilial sexual abuse (Table 5). Rather than reveal that incest led an individual to be more vulnerable to a substance addiction than other types of abuse (as demonstrated by earlier age of onset of usage), this findings were inconclusive. While it was possible to demonstrate the significant difference between incest survivors and nonvictimized subjects, it was not possible to demonstrate a difference in age of onset of drug use among the various abuse subcategories. Several factors in this sample population created this limitation. There was a very large variance in responses to age of onset of drug use, from 8 years to 42 years, and the youngest of respondents answered positive to having had experienced nearly every type of abuse. A larger sample pool would have made it possible to include a number of subjects who may have had answered positively to only one

type of abuse, and therefore, would allow for a comparison of the effects of each type of abuse on the age of onset of drug use. Additionally, a much larger sample pool may have made it possible to statistically account for this large variation in responses.

The responses to the number of previous treatment attempts also revealed a very large variance (from no previous treatment attempts to a maximum of 13). The only significant correlation to "number of previous treatment attempts" was a history of verbal abuse. It was anticipated that incest survivors would have a statistically significantly higher number of failed substance abuse treatment attempts than those experiencing other types of abuse. This, however, may still be a correct assumption. The same limitations described above influenced these results. The subjects with the largest number of failed treatment attempts (more than five) also reported a history of each type of abuse, thereby, distorting the mean number of treatment attempts for each subcategory. This finding replicates that of others (Morris and Schinke 1990, Mulinski 1989) which found that the majority women substance abusers were noted to have come from abusive environments. A sample that included sufficient respondents answering affirmative to only one type of abuse in this study would have allowed comparison between the abuse subcategories. A much larger sample

pool would, again, allow for the statistical accommodation of the large variance found in this sample.

In summation, this study does demonstrate for this sample population that adult women substance abusers did have a higher rate of childhood incestuous experiences than the general population. They also had a statistically significantly lower age of onset of drug usage as compared to those substance abusers who have not suffered incest victimization.

Implications For Social Work

Substance addiction is not necessarily the only destructive sequela of incest. However, recognizing that women who have been victimized may be more vulnerable than others to developing a substance addiction may add contribute to several social work arenas. Most obviously, the prevention of incest would minimize an individual's vulnerability of developing a substance addiction, but may also minimize the other negative and destructive sequelae of incest.

Secondly, following the disclosure of an occurrence of incest, appropriate immediate treatment may reduce the chances of early onset of drug usage. Appropriate treatment for the traumatic victimization of incest may prevent the client from needing to turn to drugs and alcohol as a means of tolerating the posttraumatic stress symptoms (Peele, 1985) associated with the incestuous

experiences.

Finally, these findings may also be useful within the field of substance abuse treatment. Many researchers have found that treatment of the addiction without treatment of the underlying experiences which may have precipitated the addiction may result in failed treatment attempts and/or leave the client vulnerable to relapse (Hurley 1991 Covington 1982, Anderson 1993, Blume 1990, Janikowski and Glover 1994, and Rohsenhow, Corbett, and Devine 1988). Therefore, recognizing that many substance abusers may have a history of childhood incest implies that those involved in substance abuse treatment should screen clients more closely for a history of incest. Additionally, substance abuse treatment programs should include treatment components that address the possibility of the traumatic stress symptoms produced by an incestuous experience as a precipitating and/or adjunct factor in the addictive process.

APPENDIX A

DATA/INFORMATION COLLECTION SHEET

Identification Number: _____

Current Age: _____

Age of Onset of Drug/Alcohol Use: _____

Number of Previous Substance Abuse Treatments: _____

Does subject's mother have a history of substance abuse?

(1) Yes (2) No (3) Unknown

Does subject's father have a history of substance abuse?

(1) Yes (2) No (3) Unknown

Abuse History:

Has subject ever been emotionally abused?

(1) Yes (2) No

Has subject ever been verbally abused?

(1) Yes (2) No

Has subject ever been physically abused?

(1) Yes (2) No

Has subject ever been sexually abused by a nonfamily person?

(1) Yes (2) No

Has subject ever been sexually abused by a family member?

(1) Yes (2) No

Is there any history of abuse at all?

(1) Yes (2) No

Is there a history of substance abuse?

(1) Yes (2) No

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